

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 22 1957

State File No. 34769

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5045</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wheaton</u>		c. LENGTH OF STAY (In this place) <u>_____</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>6050</u> <u>4 1/2 Miles South Wheaton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>David</u>		c. (Last) <u>Crossland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>_____</u>		8. DATE OF BIRTH <u>Jan/3/ 1943</u>	
9. AGE (In years last birthday) <u>14</u>		10. MONTHS <u>9</u>		11. DAYS <u>8</u>		12. HOURS <u>_____</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>_____</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Picher Okla.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Charles B. Crossland</u>		13b. MOTHER'S MAIDEN NAME <u>Hellen Brattin</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Crossland Exeter Mo. Rt. #1</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe Base Skull and upper Cervical Region</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Internal Hemorrhage</u> DUE TO (c) <u>being thrown from house and dragged along ground for an 1845X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>_____</u>				INTERVAL BETWEEN ONSET AND DEATH <u>45 hours</u>	
19a. DATE OF OPERATION <u>_____</u>		19b. MAJOR FINDINGS OF OPERATION <u>Subacute time 46</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wheaton (Twp) Barry Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 12 57 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>scattered above 6050</u>			
22. I hereby certify that I attended the deceased from <u>Oct 12th</u> , 1957, to <u>Oct 12</u> , 1957, that I last saw the deceased alive on <u>Oct 9th</u> , 1957, and that death occurred at <u>11:45</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dawson DD</u>		(Degree or title) <u>2</u>		23b. ADDRESS <u>Exeter Mo</u>		23c. DATE SIGNED <u>10-14-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/15/1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Muncie Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Barry County Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-19-57</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Harris Pope Wheaton Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-8

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO. . . .

NO. 1057-190

DATE REC. 10-22-57



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.